

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150104		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/14/2011	
NAME OF PROVIDER OR SUPPLIER WITHAM HEALTH SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 2605 N LEBANON ST LEBANON, IN46052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A0000	<p>This visit was for a PPS-excluded psychiatric unit recertification.</p> <p>Date of Survey: 07-14-11</p> <p>Facility number: 005093</p> <p>Surveyor: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/19/11</p>			A0000			
A9999	<p>412.25(a)(5) Excluded distinct part hospital units: Common requirements. Basis for exclusion. In order to be excluded from the prospective payment system, a distinct part psychiatric unit must meet the following requirements: Have utilization review standards applicable for the type of care offered in the unit.</p> <p>This rule is not met as evidenced by;</p> <p>Based on interview the facility failed to ensure that there were utilization review standards for 1 of 1 inpatient psychiatric</p>			A9999	<p>Effective 7/26/2011, the Hospital Utilization Review Plan was revised by the hospital UR committee to include inpatient psychiatric unit utilization review standards as part of the plan. As of 7/28/2011, the revised UR plan was approved by the medical executive committee of the medical staff and the Board of Trustees. Appropriate policies were also updated accordingly and staff was educated on the changes. Job descriptions for the Director of Medical Records and the Social Worker/Care Manager were revised to include annual review of the UR plan, which now incorporates inpatient psychiatric</p>		07/28/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>unit.</p> <p>Findings include;</p> <p>1. On 07-14-11 staff #40 and MD #1 confirmed that there were no utilization review standards for the inpatient psychiatric unit.</p> <p>412.27(c)(3)(i) Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements: Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: Treatment Plan. Each inpatient must have an individual comprehensive treatment plan that must be based on an inventory of the inpatient's strengths and disabilities. The written plan must include a substantiated diagnosis; short-term and long-term goals; the specific treatment modalities utilized; the responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out.</p> <p>This rule is not met as evidenced by:</p>				<p>unit. The Director of Medical Records, the Clinical Director, and Social Worker/Care Manager will ensure that the inpatient psychiatric UR process has continued oversight by the hospital UR committee. These members of the hospital UR committee will ensure there is bi-directional exchange of patient review data as demonstrated in the committee meeting minutes. As of 7/28/2011, the Clinical Director and Social Worker/Care Manager revised the electronic and paper format to the "treatment plan" process to include inventory of inpatient's strengths, disabilities (limitations), substantiated diagnosis, short-term goals, long-term goals; the specific treatment modalities utilized; the responsibilities of each member of the treatment team; and documentation to justify the activities carried out. A policy was also revised and all treatment planning members were educated on the requirements as of 7/27/2011. On 7/28/2011, the Social Worker/Care Manager and the Clinical Director established an audit tool as part of the 2011-2012 inpatient psychiatric unit quality improvement plan. Beginning with 8/1/2011 patient treatment plans; this audit/indicator will be completed and submitted to the Clinical Director weekly and forwarded on to the Quality Council on a</p>		

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	<p>Based on document review and interview the facility failed to ensure that each treatment plan contained the patient's strengths and disabilities and short term goals for 5 of 5 medical records (MR) reviewed (Patient #1, 2, 3, 4 and 5).</p> <p>Findings include:</p> <p>1. Review of patient #1, 2, 3, 4 and 5's MR, each patient's Treatment Plan lacked documentation of each patient's strengths and disabilities and short term goals.</p> <p>2. On 07-14-11 at 1555 hours staff #42 confirmed that patient #1, 2, 3, 4 and 5's MR lacked documentation of each patient's strengths and disabilities and short term goals.</p>				monthly basis.		